| Family Name (CAPS) | First | | | Middle | | | | Sex | Hair | Eyes | Cmplxn | | |
|--|---|------------------------|---------------|-----------------------------|----------------|--|-------------|--|------------------|------------------------|-------------|--|--|
| MENDOZA-OLIVA, ALEJANDRO | | | | | | | | М | BLK | BRO | MED | | |
| Country of Citizenship MEXICO | Passport Number and Country of Issue File Number (Olt7)(E) A 205 733 465 | | | | | | Height | Weight | Occupation | 1 | | | |
| U.S. Address A205 733 465 | | | | | | | | | Scars and Marks | | | | |
| | | | | | | | | | | T | | | |
| Date, Place, Time, and Manner of Last Entry 07/28/2013, 0000 | | | | | Passenger Bo | arded at | | F.B.I. Nu | 7)(E) | ☐ Single ☐ Divorced | | | |
| Number, Street, City, Province (State) and Country of Permanent Residen- | ce | | | | | | | | f Location/Ap | | ☐ Separated | | |
| MEXICO | | | | | | | | (b)(7 | 7)(E) | prenension | | | |
| Date of Birth | | Date o | f Action | | Location Co | de | | At/Near | | Date/Hour | | | |
| 10/20/1989 Age:23 | | | | | MIA/BDC | 3 | | null, | null | 07/28/20 | 13 0000 | | |
| City, Province (State) and Country of Birth MEXICO | | AR 🗶 | Form : (' | Type and N | No.) Lifted | Not Lifte | d 🗖 | Ву | | | | | |
| NIV Issuing Post and NIV Number | | Social S | Security Acc | rity Account Name | | | | Status at | Entry | Status Who | en Found | | |
| | | | | | | | PWA Other | | | | | | |
| Date Visa Issued | | Social Security Number | | | | Length of Time Illegally in U.S. AT ENTRY | | | | | | | |
| Immigration Record | | | | Criminal Record | | | | | | | | | |
| NEGATIVE | | | | None | Known | | | | | | | | |
| Name , Address, and Nationality of Spouse (Maiden Name, if Appropriate |) | | - | | | | | Number a | nd Nationality | y of Minor Child | ren | | |
| Father's Name, Nationality, and Address, if Known | | | | Mother's Present and Maider | | | Maiden Nan | nes, National | ity, and Addre | ess, if Known | | | |
| | | | | | | | | | | | | | |
| Monies Due/Property in U.S. Not in Immediate Possession None Claimed | | | Fingerprint | ed? 🔲 Y | es 🛮 No | Systen | s Checks | Charge Co | ode Words(s) | | | | |
| Name and Address of (Last)(Current) U.S. Employer | | | Type of Em | f Employment Salary | | | Salary | ' | Employed from/to | | | | |
| | | | | | | | | Hr | | | | | |
| | | | | | (b)(6) | & (b) |)(7)(C) | | | | | | |
| Alien has been advised of communication privileges | | (D: | ate/Initials) | | | (Si | gnature and | Title of Imm | igration Offic | eer) | _ | | |
| Distribution: | | | R | eceived: (| Subject and De | ocuments) | (Report of | f Interview) | | | | | |
| | | | | Officer: | (b)(6) | & (b) | (7)(C) | | | | | | |
| | | | | on: | | | | | | (time) | | | |
| | | | | Disposition | Not i | n Cus | tody | | | _ | | | |
| | | | | Examining | | | | | | | | | |

| Alien's Name MENDOZA-OLIVA, | ALEJANDRO | File Number A205 733 465 Event No (b)(7)(E) | Date |
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| Signature | | Title | |
| Signature | (b)(6) & (b)(7)(C) | Title | |